		CLAIMS A	S FILED	- PART		<del> </del>	CMA		NTITY	•	OTHER	THA
	·	ımn 2)	TYPE			OR						
T	OTAL CLAIMS	; 	16					TE	FEE		RATE	FE
F	OR		NUMBE	NUMBER FILED		NUMBER EXTRA		C FEE	E 385.00	OR	BASIC FEE	770.
T	OTAL CHARGE	ABLE CLAIMS	16 minus 20=		•		xs	9=		OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =		. 5		X4	3=		OR	X86=	172
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT									
• 1	If the difference	in column 1 is	less than	zero enter	"0" in o	column 2	+14			OR	+290=	94
•						30.0 2	TO.	ΓAL		OR	TOTAL	44
		LAIMS AS A (Column 1)	MENUE	: <b>U - PAR</b> (Colun		(Column 3)	SM	ALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO	EST BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	AD TIO
	Total	. 15	Minus	- 3	Ō	-	×s	9≐		OR	X\$18=	
	Independent	. 5	Minus	٠٠٠ <		-	X4	 3 -			X86=	/
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		1
								5=	1	OR	+290=	•
						•				Un		
	_					٠		OTAL		00	TOTAL ADDIT. FEE	
		(Column 1)		(Colun		(Column 3)	L	OTAL		00	TOTAL	
ENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colun HIGHI NUME PREVIO	EST BER OUSLY	(Column 3) PRESENT EXTRA	L	DTAL FEE		00	TOTAL	TIO
NOMENT B	Tetal	CLAIMS REMAINING AFTER	Minus	HIGH NUME PREVIO	EST BER OUSLY	. PRESENT	ADDIT	OTAL FEE	ADDI- TIONAL	00	TOTAL ADDIT. FEE	TIO
AMENDMENT B	Trital Independent	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHI NUME PREVIC PAID	EST BER DUSLY FOR	PRESENT EXTRA	ADDIT	TE	ADDI- TIONAL	OR	TOTAL ADDIT. FEE	TIO
AMENDMENT B	Trital Independent	CLAIMS REMAINING AFTER	Minus	HIGHI NUME PREVIC PAID	EST BER DUSLY FOR	PRESENT EXTRA	ADDIT	TE  9= 3=	ADDI- TIONAL	OR	TOTAL ADDIT. FEE RATE X\$18=	TIO
AMENDMENT B	Trital Independent	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHI NUME PREVIC PAID	EST BER DUSLY FOR	PRESENT EXTRA	RA XS X4	DTAL FEE TE 9= 3= 5=	ADDI- TIONAL	OR OR OR	TOTAL ADDIT. FEE RATE X\$18= X86= +290=	TIO FI
AMENDMENT B	Trital Independent	CLAIMS REMAINING AFTER AMENDMENT  * NTATION OF MI	Minus	HIGHI NUME PREVIC PAID	EST BER DUSLY FOR CLAIM	PRESENT EXTRA	RA XS X4	DTAL FEE TE 9= 3= 5=	ADDI- TIONAL	OR OR OR	TOTAL ADDIT. FEE RATE X\$18= X86= +290=	TIO FI
C A AMENDMENT	Trital Independent	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHI NUME PREVIO FAID	EST BER DUSLY FOR  CLAIM  nn 2) EST BER DUSLY	PRESENT EXTRA	RA XS X4	OTAL FEE  TE  9= 3= TAL FEE	ADDI- TIONAL FEE  ADDI- TIONAL	OR OR OR	TOTAL ADDIT. FEE RATE X\$18= X86= +290=	AE TIC
C A AMENDMENT	Trital Independent FIRST PRESE	CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MI  (Column 1) CLAIMS REMAINING AFTER	Minus	HIGHI NUME PREVIO PAID: *** EPENDENT (Colum HIGHI NUME PREVIO	EST BER DUSLY FOR  CLAIM  nn 2) EST BER DUSLY	PRESENT EXTRA	RA XS X4	TE 9= 3= 5= CTAL FEE	ADDI- TIONAL FEE	OR OR OR	TOTAL ADDIT. FEE  RATE  X\$18=  X86=  +290=  TOTAL ADDIT FEE	AE TIC
C   AMENDMENT	Trital Independent FIRST PRESE	CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MI  (Column 1) CLAIMS REMAINING AFTER	Minus  JLTIPLE DI	HIGHI NUME PREVIO PAID  ***  EPENDENT  (Column HIGHI NUME PREVIO PAID I	EST BER DUSLY FOR  CLAIM  nn 2) EST BER DUSLY	PRESENT EXTRA	RA XS	TE 9= 3= 5= CTAL FEE	ADDI- TIONAL FEE  ADDI- TIONAL	OR OR OR	TOTAL ADDIT. FEE  RATE  X\$18=  X86=  +290=  TOTAL ADDIT FEE  RATE  XS18=	AL TIO
C AMENDMENT	Total Independent FIRST PRESE	CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MI  (Column 1) CLAIMS REMAINING AFTER	Minus  JLTIPLE DI  Minus  Minus	HIGHI NUME PREVIO PAID: *** EPENDENT (Colum HIGHI NUME PREVIO PAID I	EST BER DUSLY FOR CLAIM  On 2) EST BER DUSLY FOR	PRESENT EXTRA	RA XS X4	TE 9= 3= 5= CTAL FEE	ADDI- TIONAL FEE  ADDI- TIONAL	OR OR OR	TOTAL ADDIT. FEE  RATE  X\$18=  X86=  +290=  TOTAL ADDIT FEE  RATE  XS18=  X86=	AL TIO
AMENDMENT C   AMENDMENT	Total Independent FIRST PRESE	CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  *	Minus  JLTIPLE DI  Minus  JLTIPLE DI	(Column Highling PREVIO PAID I	EST BER DUSLY FOR CLAIM  On 2) EST BER DUSLY FOR	PRESENT EXTRA	RA  XS  X4  414  AS  X4  +14	DTAL FEE  TE  9= 3=  ΣΤΑΙ ΨΕΕ  ΓΕ  ΔΕΕ  ΤΕ  ΤΕ  ΤΕ  ΤΕ  ΤΕ  ΤΕ  ΤΕ  ΤΕ	ADDI- TIONAL FEE  ADDI- TIONAL	OR OR OR	TOTAL ADDIT. FEE  RATE  X\$18=  X86=  +290=  TOTAL ADDIT FEE  RATE  XS18=	AD TIO

FORM PTO-875 (Rev 10-03)

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Application or Docket Number